S. No. 2
M—5-42
. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34875

State File No. 101

FILED NOV 8 1943

Registration District No. 124

Primary Registration District No. 3651

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains (Rural) Howell Co

(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town West Plains (Rural)

(If outside city or town limits, write "RURAL")

(d) Street No. .....

(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John T. Callahan

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Matilda C. Callahan

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased December (Month) 8 (Day) 1857 (Year)

8. AGE: Years 85 | Months 8 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

MOTHER / FATHER

12. Name Unknown

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant J. E. Callahan

(b) Address West Plains, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/6/43 (Month) (Day) (Year)

(c) Place: burial or cremation Big Springs Cem.

18. (a) Signature of funeral director Ray Barr

(b) Address Thayer, Mo.

19. (a) 10-7-43 (Date received by local registrar) (b) Mark Callahan (Registrar's signature)

1124

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5

year 1943 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept 3 19 43 to Sept 3 19 43

that I last saw him alive on Sept 3 19 43

and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? ..... (e) Means of injury .....

Signature C. A. Beach M D (M. D. or other)

Address Elijah Mo Date signed 10-5-43

(Licensed Embalmer's Statement on Reverse Side) C. A. Beach, Elijah, Mo

RECEIVED
District Health Officer No. 5,
District File Number 1143642
Date Filed 11-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.